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APPLICANTS

David W. Wynn, Huntingdon Valley, PA;
 Gerard McNally, Berwyn, PA;
 Nick Parikh, Long Valley, NJ;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No		PA	2	31	3

ADDRESS

PHILIP S. JOHNSON
 JOHNSON & JOHNSON
 ONE JOHNSON & JOHNSON PLAZA
 NEW BRUNSWICK, NJ 08933-7003
 UNITED STATES

TITLE

Controlled release analgesic suspensions

FILING FEE RECEIVED 1098	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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